

CONTROL NO.

feeder report for

DDS/OL/PD-2

REPORTS INVENTORY

PREPARE IN DUPLICATE

1. TITLE OF REPORT (If a fill-in report include Form No.)

Cost Reduction

2. TYPE
OF
REPORT☒ STATISTICAL☒ NARRATIVE☐ MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL

TRAINING

☒ LOGISTICS

SECURITY

☐ MEDICAL

FINANCE

ADMIN. GENERAL

OTHER (specify)

4. NO. OF COPIES PREPARED

5. FREQUENCY (weekly, monthly, quarterly, etc.)

6. DISTRIBUTION (No. of components not
number of copies)

C/PD

Orig & I

Monthly

7. FORMAT (memorandum, form
computer print-out, etc)

8. ADP PROCESSING

☐ YES

IF YES GIVE ADP PROCESSING NO.

☒ NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

Typed Format

Division Requirement

10. PREPARING COMPONENT (include lowest level
contributing information to report)11. FEEDER REPORTS (State total number and identify by Title,
Form No., or nomenclature. Attach separate sheet if necessary.)

OL/PD/GPB/CPs

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	= COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	= COST PER YEAR
GS-14	10.21	1/12	.85	12	10.20
GS-6	3.74	1/12	.31	12	3.72

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

13.92

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN,
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

ESTIMATED SAVINGS

☒ RETAIN AS IS ☐ OTHER (explain)

MAN-HOURS

DOLLARS

☐ CHANGE

STAT

☐ DISCONTINUE

16. DATE OF INVENTORY

18. EXTENSION

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